salt forms a ferrocyanide almost instantaneously. Such ferrocyanides are but slightly poisonous, and its administration would seem to be even better than the cobalt salts, in view of their toxic action; but, unfortunately, the strongly acid character of the stomach contents greatly hinders this action, hence alkalies must be added to neutralize the free hydrochloric acid. The author's summary of results shows that there is no known physiological antidote for cyanide poisoning. Hydrogen dioxide is practically worthless, given in any form; cobalt salts are valuable, but are poisonous; ferrous salts administered with sufficient alkali are as efficacious as cobalt salts. At the body temperature the formation of ferrocyanides is instantaneous, but they possess two disadvantages: (1) They are kept in solution with difficulty, and (2) there is an absolute necessity of using enough alkali. This is best effected by the use of doses of magnesium oxide. In all mines where such processes are employed there should be kept solutions of ferrous sulphate, weak potash, and a small packet of magnesium oxide, together with a stomach-tube and a suitable receptacle for mixing, so that the remedies could be administered without delay, as time is the most important factor. They recommend an ounce of a 23 per cent. solution of ferrous sulphate; one ounce of a 5 per cent. solution of caustic potash; thirty grains of powdered magnesium oxide; a metal receptacle of one pint capacity; stomach tube. The first two solutions should be kept in air-tight tubes which can be broken into the receptacle, and powdered magnesia and half a pint of water added, shaken up, and administered. This amount of antidote will take care of seventy-five grains of potassium cyanide.—*Intercolonial Medical Journal of Australasia*, 1901, vol. vi., p. 245.

Malarial Parasites and Methylene Blue.—DR. A. IWANOFF administers methylene blue in three daily doses of 5 grains each to patients in whose blood tertian parasites have been found. The first changes observed began at the end of the second day, and affected only the full-grown forms; the smaller, younger forms remain unchanged. The adult organism showed diminished movements and a breaking up of the protoplasm into lumpy-like bodies, which are rounded and lie on the blood cell apart from one another, or are connected with each other by minute bands of protoplasm and pigment granules. The protoplasm of these lumps is shrunken. The nucleus of the parasite is found generally near the peripheral portion of the blood-cell, and shows in its carmine-violet stained chromatin that it consists of numerous granules. Among the sporulation forms he found, beside normal sporozoites, others which were not fully formed. Some show their protoplasm very distinctly, while others appear to have no plasma at all. The pigment is gathered in patches, and these are irregularly distributed. The chief points he noted in the action of methylene blue on the tertian forms are destruction of the protoplasm and absence of alteration of the chromatin. In the parasite of æstivo-autumnal fever no changes were observed. In the crescent forms there was shrinking and granulation of the protoplasm. He noticed a more equal staining of the whole parasite than in the normal. The pigment granules appear coarser and are grouped in an irregular mass, which projects from the surface of the shrunken protoplasm. The destructive process of the protoplasm of malarial crescents goes on until there is nothing of the parasite left except the pigment. Comparing the effects of methylene blue with those of quinine on the various forms of malarial parasites, it is said that the former affects the protoplasm, and the latter the pigment (chromatin). In the early stages the proportion of the pigment to the protoplasm is quite different to that in the adult, and thus the early forms are affected but slightly by methylene blue, while they are affected markedly by quinine, while the adult forms show the reverse.—*Deutsche med. Wochenschrift*, 1901, No. 18, p. 276.

GYNECOLOGY.

UNDER THE CHARGE OF

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Cancerous Infiltration of Fibromyoma.—GLOCKNER (*Centralblatt für Gynäkologie*, No. 37, 1901) reports an interesting case of adenocarcinoma of the body of the uterus complicated with intraligamentary fibroid. The entire mass was removed by abdominal section, the patient succumbing to septic peritonitis following perforation of the intestine at the site of a secondary cancerous nodule. Metastases were found at autopsy in the retroperitoneal glands, omentum, and intestines.

An examination of the specimen showed that the disease had penetrated the uterine wall at a point adjacent to the attachment of the fibroid, and had extended to the centre of the latter growth, a large cavity having been formed, which was lined with cancerous masses. The interior of the uterus was studded with nodules separated by islands of normal endometrium. The latter condition confirmed the reporter in his view that carcinoma of the uterine body often develops from a number of isolated nodules in the endometrium.

Origin of Uterine Fibroids.—BLAND SUTTON (*British Medical Journal*, April 6, 1901) reports a case in which a fibroid uterus the size of the fist was found to contain by actual count 120 fibromyomata, varying in size from a coriander seed to a cherrystone. He notes the fact that in every instance the nodule surrounded an artery, hence his inference that they originated in the muscular coat of the vessels. He formerly believed that they bore a close relation to the nerves.

Observations on Cancer of the Uterus.—BECKMANN (*Centralblatt für Gynäkologie*, No. 38, 1901) presents the results of his clinical studies in 437 cases of inoperable carcinoma of the uterus, which were under observation in the hospital in the course of two and a half years. These included forty-